



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: ^{SP} 2014-SP-043

(Staff will assign)

RECEIVED

Department of Planning & Zoning

FEB 27 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME Wafaa Elhomosany / A lovely Home child care inc HA 4/16/14	
	MAILING ADDRESS 6120 Glen Oaks Court Springfield VA 22152	
	PHONE HOME (703) 912- 9552 WORK (703) 912- 3877	
	PHONE MOBILE (703) 861- 5267	
PROPERTY INFORMATION	PROPERTY ADDRESS Same As Mailing	
	TAX MAP NO. 079-323-0020A	SIZE (ACRES/SQ FT) 5,444
	ZONING DISTRICT R-5 <input checked="" type="checkbox"/>	MAGISTERIAL DISTRICT Springfield <input checked="" type="checkbox"/>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8-305	
	PROPOSED USE Home Child Care	
AGENT/CONTACT INFORMATION	NAME Moustafa Ibrahim Awad	
	MAILING ADDRESS 6120 Glen Oaks Court Springfield VA 22152	
	PHONE HOME (703) 912 9552 WORK (571) 274-7415	
	PHONE MOBILE (571) 274-7415	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p>Wafaa Elhomosany</p> <p>TYPE/PRINT NAME OF APPLICANT/AGENT <u>Wafaa Elhomosany</u> SIGNATURE OF APPLICANT/AGENT <u>Wafaa</u></p> <p>SP 2014-0095 CNB 4/16/14</p>		

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/16/14

Application Fee Paid: \$ 435.00